

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524701

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
			IND.	DEP.	IND.	DEP.
	IND.	DEP.				
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48	←					
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50	/					
TOTAL IND.	2	↓			↓	
TOTAL DEP.	62	←			←	
TOTAL CLAIMS	44	↓			↓	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
			IND.	DEP.	IND.	DEP.
	IND.	DEP.				
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98						
99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS		↓			↓	